



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, September 1, 2021

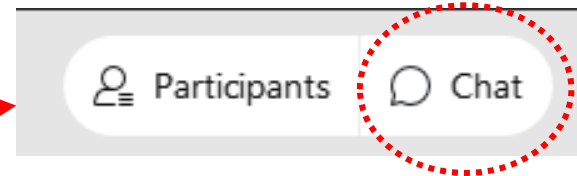
Upcoming Calls



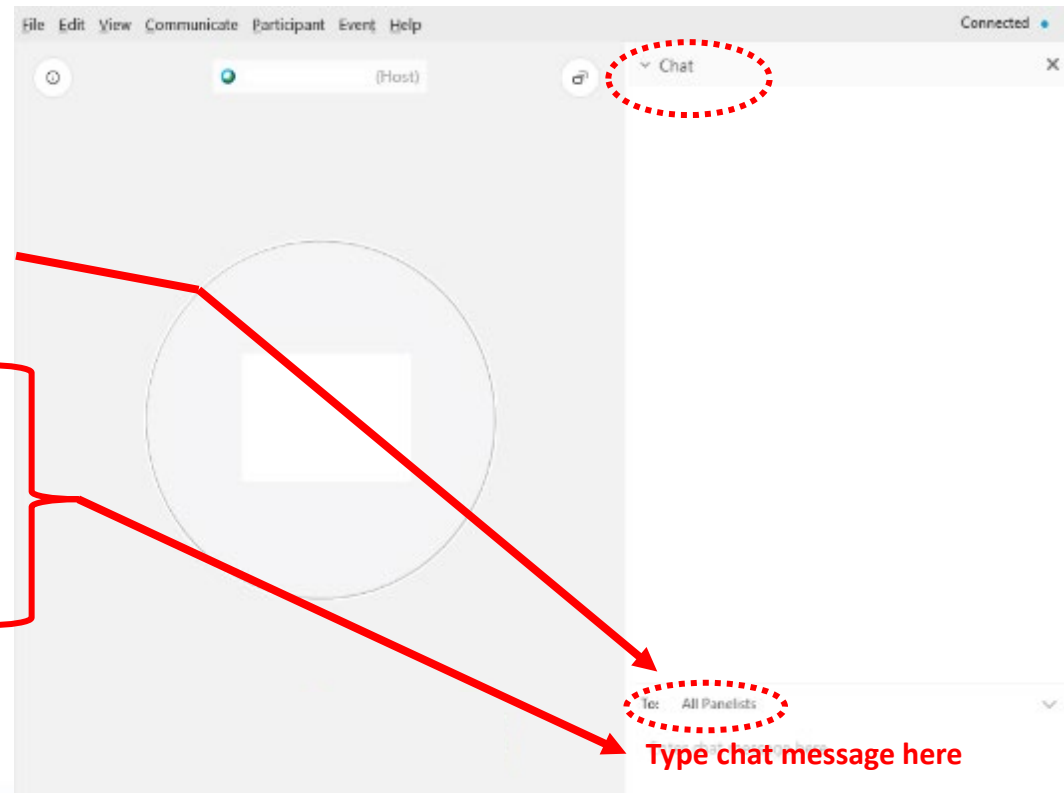
- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls:
 - Call in: **1.844.721.7239**
 - Access code: **799 3227**
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars:
 - Register at: hsag.com/cdph-ip-webinars
 - Recordings, notes, and slides are posted at registration site
 - Trouble logging in: check link and date at registration site
- CDPH Thursday, 12 noon, SNF IP Phone Calls:
 - Dial-in: **1.877.226.8163**
 - Access Code: **513 711**

How to Find the Chat Button and Submit a Question

1. To submit a question, click on the **Chat Button** located in the bottom right corner of your Webex window.



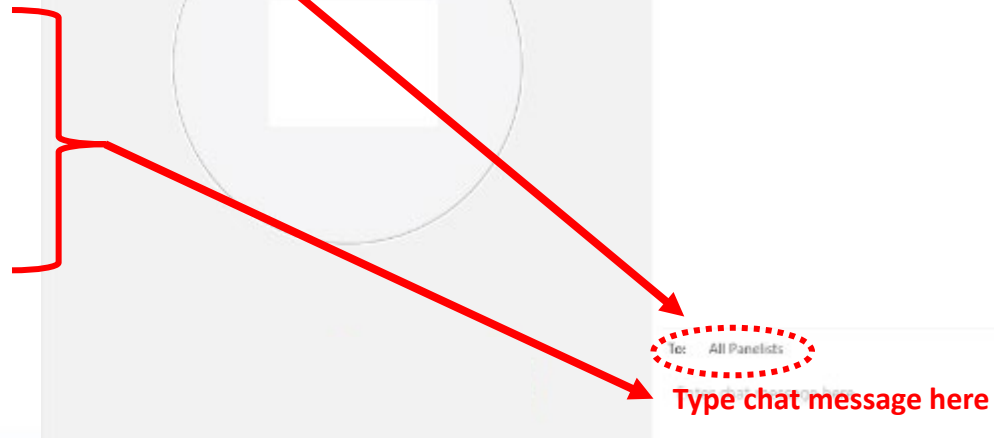
2. The **Chat** panel will open on your right.



3. Indicate that you want to send a question to **All Panelists**.

4. Type your question in the box at the bottom of the panel.

5. Press **Enter** on your keyboard to submit your question.



To connect to the audio portion of the webinar, please have Webex call you.

Please Take 5 Seconds and Let Us Know



We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to manage COVID-19 and/or your infection prevention practices.

Agenda



- CDPH Updates
- Testing Task Force Updates
- Immunization Branch Updates
- Interfacility Transfer Communication
- Healthcare-associated Infections (HAI) Updates
- Q&A



CDPH Updates



Testing Taskforce Updates



Immunization Branch Updates

COVID-19 Vaccine Update

- Pfizer-BioNTech (Comirnaty) COVID-19 vaccine received FDA full licensure approval on August 23, 2021.
- CDC's Advisory Committee for Immunization Practices (ACIP) recommends use of Pfizer-BioNTech (Comirnaty) in all people age ≥ 16 years old.
 - Reminder: Pfizer-BioNTech also available under FDA Emergency Use Authorization (EUA) for 12–15 year-olds and additional dose for immunocompromised.
- CDC Advisory Committee on Immunization Practices (ACIP) Presentation Slides, August 30, 2021.
<https://www.cdc.gov/vaccines/acip/meetings/slides-2021-08-30.html>

Discussion on Booster Doses of COVID-19 Vaccine

- CDC discussed framework for developing recommendations for booster doses
 - FDA will have to authorize booster doses before CDC ACIP can make recommendations
 - COVID-19 vaccines continue to protect against severe disease, hospitalization and death. Protection against asymptomatic or mild infection appears lower recently.
 - Risk-based approach to consider boosters:
 - Preventing severe disease in LTCF residents and older adults
 - Supporting strained healthcare infrastructure
 - Also time since vaccination with primary series
- > **No recommendation yet**

Recommendation of Additional Dose in Immunocompromised People

- An additional dose of mRNA COVID-19 vaccine after an initial 2-dose primary mRNA vaccine series should be considered for people with *moderate to severe immune compromise*.
 - A patient’s clinical team is best positioned to determine the degree of immune compromise and appropriate timing of vaccination.
 - Immunocompromised patients should continue to follow current prevention measures (including mask wearing, maintaining 6-foot distance, and avoiding crowds and poorly ventilated indoor spaces).
 - Close contacts of immunocompromised people should also be strongly encouraged to be vaccinated against COVID-19 to protect these people.
 - ACIP August 13, 2021, Presentation Slides: Immunization Practices <https://www.cdc.gov/vaccines/acip/meetings/slides-2021-08-13.html>
 - CDC COVID-19 Vaccines for Moderately to Severely Immunocompromised People <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

New Recommendations about COVID-19 Vaccination and Timing of Immune-based Tests for Tuberculosis Infection

- CDC August 31, 2021, <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
- COVID-19 vaccination should not be delayed because of testing for TB infection.
- Testing for TB infection with one of the immune-based methods, either the tuberculin skin test (TST) or an interferon release assay (IGRA), can be done before, after, or during the same encounter as COVID-19 vaccination.
- Patients who have active TB disease or an illness that is being evaluated as active TB disease can receive a COVID-19 vaccine.

Poll: If COVID-19 booster vaccines are approved for your residents and staff, how will your facility provide booster vaccines for those who qualify?

- A. Our county health department has said they will administer or provide vaccines to our facility.
- B. Our contract pharmacy has said they will administer or provide vaccines to our facility.
- C. We are waiting for the federal program with CVS/Walgreens to administer vaccines like they did before.
- D. We don't know or haven't checked into it yet.
- E. Other (type into chat box).

Morbidity and Mortality Weekly Report (MMWR)

- Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2021–22 Influenza Season
- Recommendations and Reports, August 27, 2021 / 70(5);1-28
https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm?s_cid=rr7005a1_w

Flu Vaccine: Primary Changes and Updates

- All flu vaccines are **quadrivalent**.
 - A(H1N1)pdm09, A(H3N2)
 - B/Victoria, B/Yamagata
- Influenza and COVID-19 vaccines may be **co-administered**.
- Modifications in **timing of flu vaccine**:
 - Avoid early vaccination (July, August); end of October optimal; waning immunity more likely in older adults with A(H3N2).
 - 75% of influenza seasons 1982–83 through 2017–18 peaked in January or later.
 - Continue to offer vaccine as long as influenza is circulating
 - Provide to women in 3rd trimester of pregnancy as soon as available to protect infant.

Don't Wait Vaccinate Campaign—Flu Edition

www.immunizeca.org/flu-season/



**GET A
FLU SHOT.**

**We're Stronger
When We're All Protected!**



IT'S TIME!

Get a flu shot!





Interfacility Transfer Communication

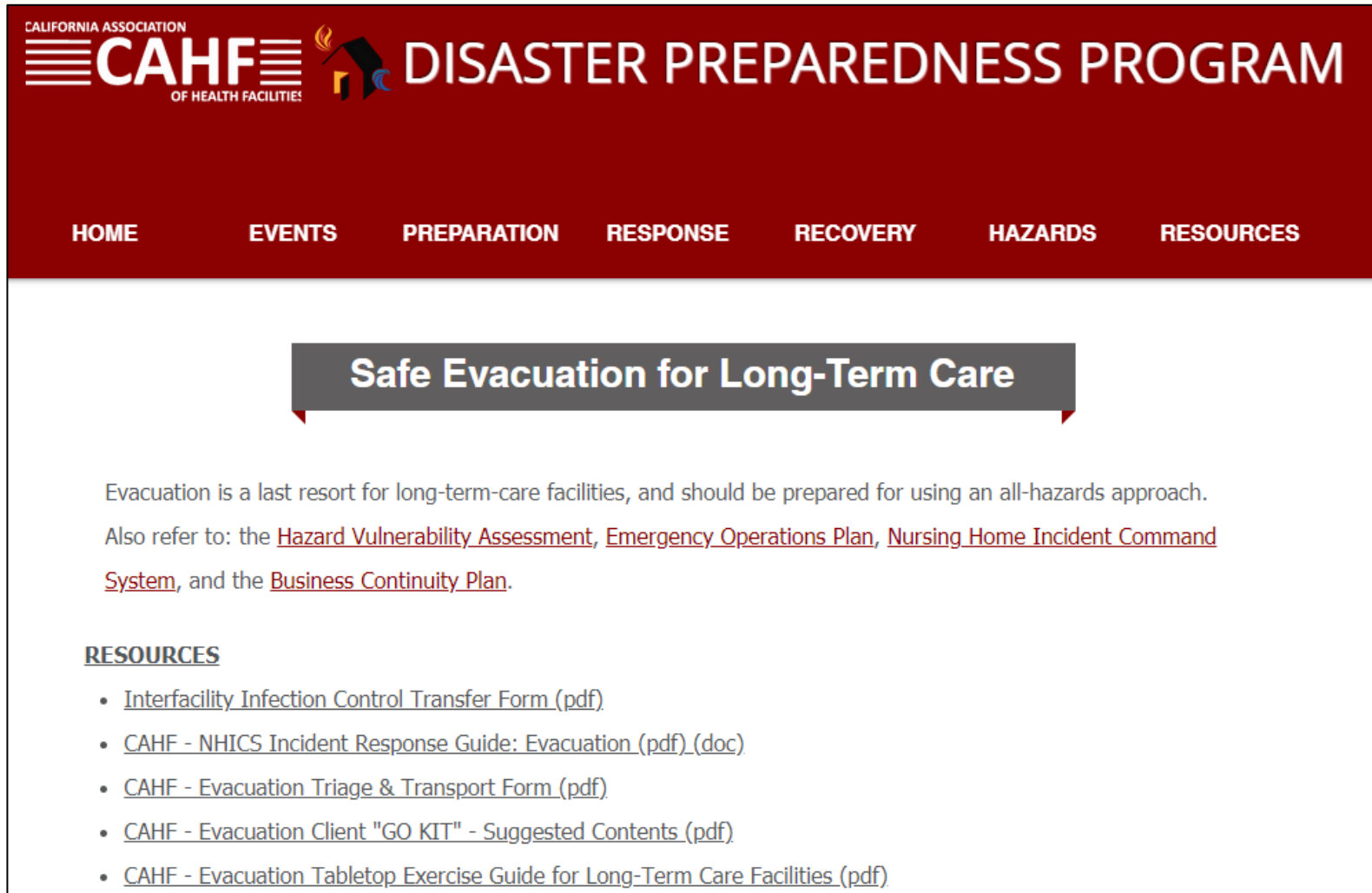
Poll: Per AFL 21-20, CDPH recommends that hospitals offer COVID-19 vaccinations to eligible individuals prior to discharge to SNFs. Are your local hospitals administering COVID vaccines prior to discharge?

- A. Yes, all the time
- B. Yes, sometimes
- C. No
- D. Not sure
- E. Not applicable



CAHF Disaster Preparedness Program

Safe Evacuation for Long-Term Care Resources



The screenshot shows the CAHF Disaster Preparedness Program website. The header includes the CAHF logo (California Association of Health Facilities) and the text 'DISASTER PREPAREDNESS PROGRAM'. A navigation menu contains links for HOME, EVENTS, PREPARATION, RESPONSE, RECOVERY, HAZARDS, and RESOURCES. The main content area features a dark grey banner with the title 'Safe Evacuation for Long-Term Care'. Below the banner, a paragraph explains that evacuation is a last resort for long-term-care facilities and should be prepared for using an all-hazards approach. It also refers to several documents: the Hazard Vulnerability Assessment, Emergency Operations Plan, Nursing Home Incident Command System, and the Business Continuity Plan. A 'RESOURCES' section follows, listing five links to various forms and guides.

CALIFORNIA ASSOCIATION
CAHF
OF HEALTH FACILITIES

DISASTER PREPAREDNESS PROGRAM

HOME EVENTS PREPARATION RESPONSE RECOVERY HAZARDS RESOURCES

Safe Evacuation for Long-Term Care

Evacuation is a last resort for long-term-care facilities, and should be prepared for using an all-hazards approach. Also refer to: the [Hazard Vulnerability Assessment](#), [Emergency Operations Plan](#), [Nursing Home Incident Command System](#), and the [Business Continuity Plan](#).

RESOURCES

- [Interfacility Infection Control Transfer Form \(pdf\)](#)
- [CAHF - NHICS Incident Response Guide: Evacuation \(pdf\) \(doc\)](#)
- [CAHF - Evacuation Triage & Transport Form \(pdf\)](#)
- [CAHF - Evacuation Client "GO KIT" - Suggested Contents \(pdf\)](#)
- [CAHF - Evacuation Tabletop Exercise Guide for Long-Term Care Facilities \(pdf\)](#)

CDPH Interfacility Transfer Communications Guide

HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM

Interfacility Transfer Communications Guide

ABOUT

Communicating information about necessary infection control measures during each patient transfer can help prevent the spread of organisms between healthcare facilities. CDPH recommends all facilities use an interfacility transfer communication tool when transferring a patient to another facility, or incorporate the information into existing communication processes (for example, an electronic health record).

METHODS OF COMMUNICATION

Facilities may use or adapt either form for patient transfers.

- **Interfacility Transfer Communication Form - Comprehensive (PDF)**
Use the Comprehensive form to track all information found on the Abbreviated form plus additional information relevant to infection prevention and antimicrobial stewardship, including patient symptoms, devices, antibiotic start and stop dates, and immunizations.
- **Interfacility Transfer Communication Form - Abbreviated (PDF)**
Use the Abbreviated form to communicate essential patient information, specific precautions, and evidence to support them. In addition to the form, also provide a copy of any lab results with antimicrobial susceptibilities.

The HAI Program strongly recommends communicating the information included in the Interfacility Transfer form by phone, in advance of transfer, for patients with the following high-priority multidrug-resistant organisms (MDRO):

Healthcare Facility Transfer Form Page 1

https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/InterfacilityTransferCommunication_Comprehensive.pdf






HEALTHCARE FACILITY TRANSFER FORM

Affix patient labels here.

Use this form for all transfers to an admitting healthcare facility.

Patient Name (Last, First): _____		
Date of Birth: _____	MRN: _____	Transfer Date: _____
Receiving Facility Name: _____		
Contact Name: _____	Contact Phone: _____	
Sending Facility Name: _____		
Contact Name: _____	Contact Phone: _____	

PRECAUTIONS

Patient currently on precautions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check all that apply: <input type="checkbox"/> Airborne <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Enhanced Standard*			
Personal protective equipment (PPE) to consider at receiving facility*:				
 <input type="checkbox"/> Gloves	 <input type="checkbox"/> Gown	 <input type="checkbox"/> Mask	 <input type="checkbox"/> N95/PAPR	 <input type="checkbox"/> Eye Protection

*Long-term care facilities may implement [Enhanced Standard Precautions](#) (PDF) (www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf) for patients with MDRO or risk factors for transmission, i.e., gown and glove use for high-contact care activities; such patients may be on Contact precautions in acute care settings.

ORGANISMS (Include copy of lab results with organism ID and antimicrobial susceptibilities.)

Patient has multidrug-resistant organism (MDRO) or other lab results requiring precautions?			
<input type="checkbox"/> Yes (record organism(s), specimen source, collection date)		<input type="checkbox"/> No	
<input type="checkbox"/> Exposed to MDRO/other (record organism(s) and last date(s) of exposure if known)			
Organism	Carbapenemase (if applicable)**	Source	Date
<input type="checkbox"/> <i>Candida auris</i> (<i>C. auris</i>)			
<input type="checkbox"/> <i>Clostridioides difficile</i> (<i>C. diff</i>)			
<input type="checkbox"/> <i>Acinetobacter</i> , multidrug-resistant (e.g., CRAB**)			
<input type="checkbox"/> Carbapenem-resistant Enterobacterales (CRE**)			
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i> , multidrug-resistant (e.g., CRPA**)			
<input type="checkbox"/> Extended-spectrum beta-lactamase (ESBL)-producer			
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)			
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)			
<input type="checkbox"/> No organism identified (e.g., molecular screening test**)			
<input type="checkbox"/> Other, specify: (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles (<i>Herpes zoster</i>), norovirus, influenza, tuberculosis)			

Healthcare Facility Transfer Form Page 2

https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/InterfacilityTransferCommunication_Comprehensive.pdf

CLINICAL STATUS

Patient has any of the following symptoms or clinical status?

Yes No

If yes, check all that currently apply:

- Cough/uncontrolled respiratory secretions
- Vomiting
- Acute diarrhea or incontinent stool⁵
- Incontinent of urine⁵

- Total dependence for activities of daily living⁵
- Rash consistent with an infectious process (e.g., vesicular)
- Draining wounds⁵
- Other uncontained bodily fluid / drainage

ANTIBIOTICS/ANTIFUNGALS

Patient is currently on antibiotics/systemic antifungals?

Yes No

If yes, specify:

Antibiotic/Antifungal	Dose	Frequency	Indication	Start Date	Stop Date

DEVICES⁵

Patient currently has any of the following devices?

Yes No

If yes, check all that currently apply:

- Central line/PICC, Date inserted:
- Hemodialysis catheter
- Fecal management system
- Percutaneous gastrostomy feeding tube

- Wound VAC
- Tracheostomy
- Urinary catheter, Date inserted:
- Suprapubic catheter
- Mechanical ventilation

IMMUNIZATION STATUS

Patient received immunizations (e.g., Pneumococcal, Influenza, COVID-19) in the past 12 months?
(Attach immunization record, if available.)




Yes (specify below) No

Vaccine	Date(s)

⁵ Risk factors for MDRO transmission per [Enhanced Standard Precautions](https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf) (PDF)
(www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf)

CAHF Infection Control Transfer Form

https://6917391b-02e8-4c8d-9eb9-6485bb7fc02c.filesusr.com/ugd/69dc94_1e44866a80c9415c82d05de51ac574c0.pdf

INFECTION CONTROL TRANSFER FORM			
This form should be sent with the patient/resident upon transfer. It is NOT meant to be used as criteria for admission, only to foster the continuum of care once admission has been accepted.			Affix any patient labels here
Demographics			
Patient/Resident (Last Name, First Name):			
Date of Birth:	MRN:	Transfer Date:	
Sending Facility Name:			
Contact Name:	Contact Phone:		
Receiving Facility Name:			
<input type="checkbox"/> Currently in Isolation Precautions? <input type="checkbox"/> Yes If Yes, check: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Other:			<input type="checkbox"/> No isolation precautions
Organisms			
Did or does have (send documentation, e.g. culture and antimicrobial test results with applicable dates):		Current (or previous infection or colonization, or ruling out*)	
MRSA			<input type="checkbox"/> No known MDRO or communicable diseases
VRE			
Acinetobacter resistant to carbapenem antibiotics			
E. coli, Klebsiella or Enterobacter resistant to carbapenem antibiotics (CRE)			
E. coli, Klebsiella resistant to expanded-spectrum cephalosporins (ESBL)			
C. difficile			
Other^:		<input type="checkbox"/> (current or ruling out*)	
^e.g. lice, scabies, disseminated shingles, norovirus, influenza, TB, etc.			
*Additional information if known:			
Symptoms			
Check yes to any that currently apply**: <input type="checkbox"/> Concerning rash (e.g.; vesicular) <input type="checkbox"/> Cough/uncontrolled respiratory secretions <input type="checkbox"/> Acute diarrhea or incontinent stool <input type="checkbox"/> Incontinent of urine <input type="checkbox"/> Draining wounds <input type="checkbox"/> Vomiting <input type="checkbox"/> Other uncontained bodily fluid/drainage			<input type="checkbox"/> No Symptoms / PPE not required as "contained"
**NOTE: Appropriate PPE required ONLY if incontinent/drainage/rash NOT contained.			
PPE			
PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS		ANY YES <input type="checkbox"/> Answers to sections above ALL NO <input type="checkbox"/>	
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>		Person completing form: Role: _____ Date: _____	
CHECK ALL PPE TO BE CONSIDERED AT RECEIVING FACILITY			
Other MDRO Risk Factors			
Is the patient currently on antibiotics? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Antibiotic:	Dose, Frequency:	Treatment for:	Start date: Stop date:
Does the patient currently have any of the following devices? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Central line/PICC, Date inserted:		<input type="checkbox"/> Suprapubic catheter	<input type="checkbox"/> Fecal management system
<input type="checkbox"/> Hemodialysis catheter		<input type="checkbox"/> Percutaneous gastrostomy tube	
<input type="checkbox"/> Urinary catheter, Date inserted:		<input type="checkbox"/> Tracheostomy	
IZ			
Were immunizations received at sending facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify: _____ Date(s): _____			

LONG-TERM CARE FACILITY EVACUATION RESIDENT ASSESSMENT FORM FOR TRANSPORT AND DESTINATION

Adapted from the Shelter Medical Group Report: Evacuation, Care and Sheltering of the Medically Fragile.

FACILITY NAME: _____ DATE: _____

COMPLETED BY: _____ TIME: _____

CAHF Long-Term Care Facility Evacuation Resident Assessment Form For Transport & Destination

http://www.cahf.org/Portals/29/DisasterPreparedness/Evac/Transport_triage_form.pdf

LEVEL OF CARE	FACILITY TYPE	TRANSPORT TYPE	NUMBER OF RESIDENTS
LEVEL I Description: Patients/residents are usually transferred from in-patient medical treatment facilities and require a level of care only available in hospital or Skilled Nursing or Subacute Care Facilities. Examples: <ul style="list-style-type: none"> ▪ Bedridden, totally dependent, difficulty swallowing ▪ Requires dialysis ▪ Ventilator-dependent ▪ Requires electrical equipment to sustain life ▪ Critical medications requiring daily or QOD lab monitoring ▪ Requires continuous IV therapy ▪ Terminally ill 	Like Facility Hospital SNF or Subacute	ALS	—
LEVEL II Description: Patients/residents have no acute medical conditions but require medical monitoring, treatment or personal care beyond what is available in home setting or public shelters. Examples: <ul style="list-style-type: none"> ▪ Bedridden, stable, able to swallow ▪ Wheelchair-bound requiring complete assistance ▪ Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject ▪ Requires assistance with tube feedings ▪ Draining wounds requiring frequent sterile dressing changes ▪ Oxygen dependent; requires respiratory therapy or assistance with oxygen ▪ Incontinent; requires regular catheterization or bowel care 	Like Facility Medical Care Shelter In some circumstances, may be able to evacuate to family/caregiver home	BLS Wheelchair Van Car/Van/Bus	—
NOTE: It is unlikely that licensed health facilities such as SNFs will have residents that fall below Level II care needs. Evacuation planning must take this into consideration. Also, consider cognitive/behavioral issues in evaluating residents' transport and receiving location needs.			
LEVEL III Description: Residents able to meet own needs or has reliable caretakers to assist with personal and/or medical care. Examples: <ul style="list-style-type: none"> ▪ Independent; self-ambulating or with walker ▪ Wheelchair dependent; has own caretaker if needed ▪ Medically stable requiring minimal monitoring (i.e., blood pressure monitoring) ▪ Oxygen dependent; has own supplies (i.e. O2 concentrator) ▪ Medical conditions controlled by self-administered medications (caution: refrigeration may not be available at public shelters) ▪ Is able to manage for 72 hours without treatment or replacement of medications/supplies/special equipment 	Like Facility Home Setting Public Shelter	Car/Van/Bus	—



HAI Updates



What PPE do visitors need to wear for indoor and outdoor visits?

Refer to CDPH AFL 20-22.9

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>



State of California—Health and Human Services Agency
California Department of Public Health

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director



GAVIN NEWSOM
Governor

August 12, 2021

AFL 20-22.9

TO: Skilled Nursing Facilities

SUBJECT: Guidance for Limiting the Transmission of COVID-19 in Skilled Nursing Facilities (SNFs)
(This AFL supersedes AFL 20-22.8)

Indoor Visitation Reminders

- Facilities shall allow indoor in-room visitation for all residents in the green and yellow zones, regardless of vaccination status.
- COVID-19 positive residents in the red zone can only have visitation for compassionate care reasons or other special circumstances and should be accommodated for indoor or outdoor visits on a case-by-case basis.
- All visitors must be screened for fever and symptoms and/or exposure within the prior 14 days, wear a mask, stay at least 6 feet away from others, avoid crowds and poorly ventilated spaces, cover coughs and sneezes, and wash hands often.
- Facilities must verify vaccination status or document evidence of a negative test of unvaccinated visitors within 72 hours of the indoor visit.
 - Copies of visitor negative test results or vaccine cards are not necessary to keep on file. SNFs need to have a process to document that all visitors that enter the facility present their negative test result and proof of vaccination.
- Visitors who are visiting a resident in critical condition, when death may be imminent, are exempt from the vaccination and testing requirements.

Summary of In-Room, Indoor Visitor Guidance by Zone

Visitor Guidance	Green Zone		Yellow Zone		Red Zone (compassionate care only)	
Visitor Vaccination Status	Fully Vaccinated	Unvaccinated	Fully Vaccinated	Unvaccinated	Fully Vaccinated	Unvaccinated
Negative Test Required		✓		✓		✓
Well-Fitted Mask*	✓	✓				
N95, Eye Protection, Gown, Gloves			✓	✓	✓	✓
Keep Distance from Resident (No Physical Contact Allowed)**		✓		✓		✓
Keep Distance from Others	✓	✓	✓	✓	✓	✓

*Visitors are required to wear a well-fitted mask for source control at all times in the facility; N95 in yellow and red zones serves as PPE and source control

**Physical contact is only allowed if both visitor and resident are fully vaccinated; or for compassionate care visits if the facility and visitor identify a safe way to allow for personal contact.

Indoor Visitation Recommendations Per Zone

Visitors are required to wear a well-fitted mask for source control at all times in the facility; N95 in yellow and red zones serves as PPE and source control.

- **Green zone**

- All residents and visitors need to wear a well-fitting face mask at all times.
- Physical touch is allowed for fully vaccinated residents and visitors.
- Physical touch is NOT allowed for unvaccinated residents and/or visitors.

- **Yellow zone**

- All visitors must wear PPE, including N95 respirator (not fit-tested; use seal check), eye protection (face shields or goggles), gloves, and gown.
- Physical touch is allowed for fully vaccinated residents and visitors.
- Physical touch is NOT allowed for unvaccinated residents and/or visitors.

- **Red zone**

- Indoor visits only allowed for compassionate care reasons.
- Visitors must wear PPE, including N95 respirator (fit-testing not required; use seal check), eye protection (face shields or goggles), gloves, and gown.
- Compassionate care visits should be conducted using physical distancing; physical contact can occur if the facility and visitor identify a safe way to allow for personal contact.

Outdoor Visitation Reminders

- Outdoor visits pose a lower risk of transmission due to increased space and airflow; therefore, outdoor visitation is preferred.
- Facilities shall allow outdoor visitation for all residents in the green and yellow zones, regardless of vaccination status; visitation for COVID-19 positive residents in red zone for compassionate care reasons or other special circumstances and should be accommodated for indoor or outdoor visits on a case-by-case basis.
- Visitor vaccine verification and testing requirements from August 5, 2021, Health Officer Order do not apply to outdoor visits; however, vaccination status of visitors does apply in determining masking and whether or not physical contact is allowed.
 - Outdoor visits between fully vaccinated residents and fully vaccinated visitors may be conducted without face masks and physical distancing and include physical contact (e.g., hugs, holding hands).
 - Unvaccinated or incompletely vaccinated residents and visitors must wear a well-fitting face mask for outside visits and maintain 6-ft physical distancing.

Summary of Outdoor Visitor Guidance by Zone

Visitor Guidance	Green Zone		Yellow Zone (resident must be source controlled)		Red Zone (compassionate care only)	
	Fully Vaccinated	Unvaccinated	Fully Vaccinated	Unvaccinated	Fully Vaccinated	Unvaccinated
Visitor Vaccination Status						
Negative Test Required						
Well-Fitted Mask		✓		✓		
N95, Eye Protection, Gown, Gloves					✓	✓
Keep Distance from Resident (No Physical Contact Allowed)*		✓		✓	✓	✓
Keep Distance from Others	✓	✓	✓	✓	✓	✓

*Physical contact is only allowed if both visitor and resident are fully vaccinated; or for compassionate care visits if the facility and visitor identify a safe way to allow for personal contact.

Outdoor Visitation Recommendations Per Zone

- **Green zone**
 - Unvaccinated or incompletely vaccinated residents and visitors need to wear a well-fitting face mask at all times. Physical touch is NOT allowed.
 - Fully vaccinated residents and visitors do not need to wear face masks. Physical touch is allowed.
- **Yellow zone**
 - Unvaccinated or incompletely vaccinated residents and visitors need to wear a well-fitting face mask at all times. Physical touch is NOT allowed.
 - Fully vaccinated residents and visitors do not need to wear face masks. Physical touch is allowed.
- **Red zone**
 - Outdoor visits are only allowed for compassionate care reasons.
 - Compassionate care visits should be conducted using physical distancing; physical contact can occur if the facility and visitor identify a safe way to allow for personal contact.

Amendment to August 5, 2021, State Public Health Officer Order: Requirements for Visitors in Acute Health Care and Long-Term Care Settings

- Amendment issued August 26, 2021
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx>
- Order applies to hospitals, skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and adult and senior care residential facilities licensed by the California Department of Social Services (DSS).
- For indoor visits, the facilities identified in this Order must either:
 1. Verify visitors are fully vaccinated, or
 2. For unvaccinated or incompletely vaccinated visitors, verify documentation of a negative SARS-CoV-2 test.
- PIN 21-40-ASC, August 27, 2021
<https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2021/ASC/PIN-21-40-ASC.pdf>

Q: Do the vaccination and testing screening guidelines in the July 26, 2021, State Public Health Officer Order apply to ombudsman, surveyors, first responders and contractors?

- **Surveyors & Ombudsman:** Facilities are not responsible for asking for vaccination or testing status prior to entry. CDPH and the California Dept. of Aging verify vaccination status and conduct routine testing for surveyors and ombudsman in alignment with Order.
- **First Responders:** First responders do not need to show vaccination or testing status prior to entry because there is not time when responding to an emergency in crisis mode.
- **Contractors:** The definition of “worker” in the Order refers to all paid and unpaid persons serving in SNFs who have the potential for direct or indirect exposure to patients/clients/residents or SARS-CoV-2 airborne aerosols. Contractors (i.e., plumbers, electricians, transport drivers) are included in this Order.
 - “Contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting...”

Check with your local health department for county specific guidelines.

Questions?





This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. CA-12SOW-XC-09012021-01